

EXHIBIT F

Highly Confidential - Subject to Further Confidentiality Review

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 IN RE: NATIONAL)
5 PRESCRIPTION) MDL No. 2804
6 OPIATE LITIGATION)
7 Case No.
8 1:17-MD-2804
9
10 THIS DOCUMENT RELATES TO:) Hon. Dan A.
11 CASE TRACK THREE) Polster
12

13 TUESDAY, MARCH 2, 2021

14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
15 CONFIDENTIALITY REVIEW

16 - - -

17 Remote videotaped deposition of
18 Julie DeMay, held at the location of the
19 witness in Eastlake, Ohio, commencing at
20 10:03 a.m. Eastern Time, on the above date,
21 before Carrie A. Campbell, Registered
22 Diplomate Reporter and Certified Realtime
23 Reporter.

24 - - -

25 GOLKOW LITIGATION SERVICES
26 877.370.3377 ph | 917.591.5672 fax
27 deps@golkow.com

Highly Confidential - Subject to Further Confidentiality Review

1 store level, the store manager is able to ask
2 for additional hours. If there are certain
3 projects or if we're hiring or training new
4 employees or if there are other things going
5 on such as right now, we're in the middle of
6 a pandemic, so we are, you know, able to
7 request additional assistance with things
8 like that.

9 Q. Okay. That makes good sense.

10 So the corporate sets the
11 budget, but the store can make requests; is
12 that right?

13 A. Yes.

14 Q. All right. Excellent. This
15 area is done.

16 Now we're going to talk about
17 opioids.

18 Okay?

19 A. Okay.

20 Q. Tell me what are the dangers of
21 opioids.

22 MR. HARRIS: Objection to form.

23 THE WITNESS: Well, there are
24 certain side effects. Is that
25 something that you're looking for?

Highly Confidential - Subject to Further Confidentiality Review

1 QUESTIONS BY MR. LANIER:

2 Q. Sure, side effects sound
3 dangerous, unless it's like it makes you
4 laugh. I'm not sure that would be a
5 dangerous side effect, but any that you think
6 are important and dangerous side -- important
7 and dangerous aspects of opioid usage?

8 A. Well, typically if we're going
9 to dispense an opioid to a patient, we would
10 let them know that there are, you know,
11 specific side effects that may affect them
12 such as drowsiness. You can -- it's
13 something that you don't want to just stop
14 suddenly because your body can get used to
15 that medication. So it's something that if
16 you're going to discontinue, you need to try
17 to wean yourself off of it.

18 Q. All right. I want to -- let's
19 stop for a moment because I want to make sure
20 I've got your things right on here.

21 First of all, it can cause
22 drowsiness.

23 Second of all, your body gets
24 used to it so you can't always stop suddenly.

25 Can you -- do I have those

Highly Confidential - Subject to Further Confidentiality Review

1 right?

2 A. Yes.

3 Q. All right. Can you think of
4 any other dangers of opioids?

5 A. Well, they can have
6 interactions with other medications.

7 Q. Can you give me an example?

8 A. Any other type of medications
9 that may suppress the central nervous system
10 may increase the drowsiness effect or your
11 ability to, you know, operate, like,
12 machinery, do things like that.

13 Q. All right. So an example of
14 that would be with drugs that affect or
15 suppress the central nervous system?

16 A. Yes, uh-huh.

17 Q. And central nervous system is
18 abbreviated CNS?

19 A. Correct.

20 Q. I'll write it out this time,
21 and next time we may do CNS.

22 All right. Can you think of
23 any other dangers of opioids?

24 A. There may be other things
25 that's -- you know, some patients may get --

Highly Confidential - Subject to Further Confidentiality Review

1 I'm just trying to think of other things that
2 we usually warn patients of whenever they're
3 taking them.

4 Those are, you know, the
5 main -- the main things that we usually let
6 them know of.

7 Q. All right. Can't think of
8 anything else right now.

9 I know -- so, look, I cheated.
10 I looked some things up. You've dispensed in
11 your career right at 1.7 million opiate
12 doses.

13 So as someone who's distributed
14 almost 2 million opioid doses, can you think
15 of any other dangers than the ones that I've
16 written down here that we've talked about?

17 MR. HARRIS: Objection to form.

18 THE WITNESS: Like I said, not
19 off the top of my head. Those are
20 the --

21 QUESTIONS BY MR. LANIER:

22 Q. Okay.

23 A. -- main points that we'll let
24 patients know of, but there are different
25 things that may arise, and they can certainly

Highly Confidential - Subject to Further Confidentiality Review

1 call us and we can counsel them on one-off,
2 individual things.

3 Q. And I guess if you need to,
4 you've always got an ability to look stuff up
5 on the Internet like you were talking about
6 when I was talking to you about schooling and
7 things like that, that references are now
8 readily available online, right?

9 A. Yes.

10 Q. I mean, if I were to say to
11 you, Ms. DeMay, would you please write me a
12 paper on all of the dangers of opioids,
13 instead of doing it from your memory, you
14 could go online and check, right?

15 A. Yes.

16 Q. All right. That's fair.

17 Now, I want to stay on the
18 subject of opioids, but I'm going to move
19 from dangers for a moment and I want to talk
20 a little bit about what's called the
21 registrant system.

22 Does that mean anything to you
23 in terms of opioids?

24 A. I haven't heard that term
25 recently, but I'm not familiar.

Highly Confidential - Subject to Further Confidentiality Review

1 Q. All right. Let me give you a
2 little background information and see if this
3 is something that you and I have an ability
4 to discuss. If we need to use different
5 terms, we will.

6 Okay?

7 The federal government requires
8 anyone, the DEA requires anyone, who is going
9 to be involved in the production and
10 distribution and selling chain of opiates,
11 whether it's taking the raw materials and
12 manufacturing the opiate or giving it to a
13 distributor, selling it to a distributor to
14 sell, or even give it to a dispenser like a
15 Walgreens as a dispenser to sell through
16 their pharmacy or something like that, all of
17 those people or entities, I should say, are
18 required to be registered. I think it
19 includes even doctors who write the
20 prescriptions for the opioids; they're
21 required to be registered to work in the
22 opioid market, if you will.

23 Does any of that ring a bell to
24 you at all?

25 MR. HARRIS: Objection.

Highly Confidential - Subject to Further Confidentiality Review

1 THE WITNESS: I mean, I know
2 that each individual store has a DEA
3 number that we register with the
4 State. And that's just on our license
5 to dispense.

6 QUESTIONS BY MR. LANIER:

7 Q. So you know that each
8 individual store is registered to dispense
9 opioids, narcotics?

10 A. (Witness nods head.)

11 Q. All right. Now, if we -- if
12 you go back into your schooling but also into
13 your experience, you know that in this
14 process, you do have people who manufacture
15 the pills, right?

16 A. Yes.

17 Q. And you do have people who
18 distribute the pills to stores?

19 A. Yes.

20 Q. And you do have doctors who
21 write prescriptions, right?

22 A. Yes.

23 Q. And then you have patients who
24 get the prescription, though the patients
25 themselves aren't registered, but they have a

Highly Confidential - Subject to Further Confidentiality Review

1 prescription, right?

2 A. Yes.

3 Q. And the patients will generally
4 take the prescription to a pharmacy who fills
5 it.

6 Correct?

7 A. Yes.

8 Q. And then at that point the
9 opioids are out from under the system and out
10 in the public or in the private, with an
11 individual, right?

12 MR. HARRIS: Objection to form.

13 THE WITNESS: It should be with
14 the patient who is prescribed that
15 prescription.

16 QUESTIONS BY MR. LANIER:

17 Q. Yeah.

18 I mean, sometimes like moms
19 will pick up prescriptions for their kids or
20 something like that, right?

21 A. Yes, they can.

22 Q. Yeah.

23 And sometimes I think some
24 doctors will even write an opiate for a child
25 perhaps who's had dental treatment or

Highly Confidential - Subject to Further Confidentiality Review

1 something like that maybe?

2 A. If it's something that's
3 necessary for the child.

4 Q. Yeah.

5 So when you say it will be in
6 the hands of the person, it'll at least be
7 out in use, fair?

8 MR. HARRIS: Objection to form.

9 THE WITNESS: By law, it's to
10 be used by the person who the
11 prescription was written for.

12 QUESTIONS BY MR. LANIER:

13 Q. Yeah.

14 Now, in terms of this
15 registrant's system, the people that have to
16 be registered with the DEA, like your store,
17 what is the last line of defense to keep
18 these opiates from falling into the wrong
19 hands?

20 MR. HARRIS: Objection to form.

21 THE WITNESS: Well, the
22 pharmacists have a corresponding
23 responsibility, along with the
24 doctors, to make sure that they're
25 being prescribed for the correct use

Highly Confidential - Subject to Further Confidentiality Review

1 and for the patients.

2 QUESTIONS BY MR. LANIER:

3 Q. Well, that's a great point.

4 Doctors not only write the
5 prescription, but the pharmacists have to
6 make sure that it's a properly written
7 prescription, that it's for the right usage,
8 right?

9 MR. HARRIS: Objection to form.

10 THE WITNESS: We don't have
11 access to a patient's medical history.
12 The only thing we have is, you know, a
13 diagnosis code, but the doctor is the
14 one who is prescribing it for the
15 correct use.

16 QUESTIONS BY MR. LANIER:

17 Q. Yeah, but you specifically just
18 said, I thought -- this was something I
19 didn't understand necessarily.

20 The pharmacists have a
21 corresponding responsibility along with the
22 doctors to make sure that they're being
23 prescribed for the correct use and for the
24 patients; is that correct?

25 A. Correct.

Highly Confidential - Subject to Further Confidentiality Review

1 Q. Okay. Now, so but I want to go
2 back to this question I had about the last
3 line of defense.

4 Would you agree with me that
5 the pharmacy is the last line of defense in
6 making sure that opioids don't go out in use
7 improperly?

8 MR. HARRIS: Objection to form.

9 QUESTIONS BY MR. LANIER:

10 Q. Among these registrants?

11 MR. HARRIS: Objection to form.

12 THE WITNESS: If you mean last
13 line of defense as in we're the last
14 person to touch the prescription
15 before it gets dispensed to the
16 patient, then we are the last person
17 who sees that.

18 QUESTIONS BY MR. LANIER:

19 Q. Okay. Now, what are the red
20 flags associated with opioids?

21 And I'm going to write it in
22 black but we'll make the flag red because
23 otherwise it wouldn't make sense to me.

24 So what are the red flags of
25 filling an opioid prescription?

Highly Confidential - Subject to Further Confidentiality Review

1 MR. HARRIS: Objection to form.

2 THE WITNESS: There can be
3 several different types of red flags.
4 You know, in training with pharmacy
5 school and, you know, drugs of abuse
6 and with the Walgreens programs that
7 they've given us, the red flags that
8 are usually noted are, you know, a
9 patient might be filling out of the
10 area or a doctor could be from out of
11 the area.

12 QUESTIONS BY MR. LANIER:

13 Q. All right. So we'll do patient
14 out of area, doctor out of area.

15 Can you think of any others?

16 A. Multiple prescriptions -- you
17 know, controlled prescriptions for multiple
18 different doctors.

19 Q. Multiple RX from multiple
20 doctors.

21 All right. Any more?

22 A. Filling, you know,
23 prescriptions that are overlapping with each
24 other.

25 Q. Can you tell me what you mean

Highly Confidential - Subject to Further Confidentiality Review

1 by that?

2 A. Either too soon or multiple
3 prescriptions for the same type of
4 medications.

5 Q. Too soon or too many.

6 All right. Can you think of
7 any other red flags, Ms. DeMay?

8 A. I mean, like I said, there
9 could be other red flags that just might come
10 up along the way. Sometimes you just get a
11 feeling that something's not right, you
12 can't -- you're left to your, you know,
13 professional judgment and your own instincts
14 a lot of times.

15 Q. Yeah, I mean, like some fella
16 shows up at the counter and he asks for the
17 opioid prescription to be filled, and while
18 you're filling it or dealing with him, he's
19 talking on his cell phone saying, "yeah, I'm
20 getting the pills now; we'll be able to sell
21 them in about 30 minutes." I mean, that's an
22 obvious red flag that your instinct is coming
23 up with, but it's probably not one that's set
24 out in the textbooks, you know, so I
25 understand that there's also just that

Highly Confidential - Subject to Further Confidentiality Review

1 instinct.

2 Can you think of any other red
3 flags right now that your training has taught
4 you about or that you train others about?

5 MR. HARRIS: Objection to form.

6 THE WITNESS: Not off the top
7 of my head right now. Like I said, it
8 usually will come up for individual
9 prescriptions, you'll get that sense
10 or you'll have to use your judgment.

11 QUESTIONS BY MR. LANIER:

12 Q. Okay. Next subject. Doctors,
13 how well do you know the doctors that write
14 opioid prescriptions that are taken to your
15 store to be filled?

16 A. I feel like we have a pretty
17 good working relationship with most of the
18 doctors in our area, including the ones that
19 write for opioids.

20 Q. So do you know them off the top
21 of your head, or do you have to look them up,
22 or how does that work?

23 A. Just the doctors who write the
24 opioids?

25 Q. Yes, that's my main concern


Highly Confidential - Subject to Further Confidentiality Review

CERTIFICATE

I, CARRIE A. CAMPBELL, Registered
Diplomate Reporter, Certified Realtime
Reporter and Certified Shorthand Reporter, do
hereby certify that prior to the commencement
of the examination, Julie DeMay, was duly
sworn by me to testify to the truth, the
whole truth and nothing but the truth.

I DO FURTHER CERTIFY that the
foregoing is a verbatim transcript of the
testimony as taken stenographically by and
before me at the time, place and on the date
hereinbefore set forth, to the best of my
ability.

I DO FURTHER CERTIFY that I am
neither a relative nor employee nor attorney
nor counsel of any of the parties to this
action, and that I am neither a relative nor
employee of such attorney or counsel, and
that I am not financially interested in the
action.


CARRIE A. CAMPBELL,
NCRA Registered Diplomate Reporter
Certified Realtime Reporter
Notary Public

Dated: March 8, 2021